

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046540

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3328

FILED NOV 20 1963

VS 300 Rev. 4/59		DATE AMENDED		1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
14001		24001		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bellefontaine Neighbors</u> YRS		c. CITY OR TOWN <u>Bellefontaine Neighbors</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3		4		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1532 Ballard Dr.</u>		d. STREET ADDRESS (If outside, give location) <u>1532 Ballard Dr.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
4		5		3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY (RUTKOWSKI) RAMATOWSKI</u>		4. DATE OF DEATH Month Day Year <u>Oct. 29 1963</u>	
5		6		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
6		7		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/21/1884</u>	
7		8		9. AGE (last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
8		9		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (City and state or country) <u>Poland</u>	
9		10		11a. FATHER'S NAME <u>Michael Arasin</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10		11		12a. MOTHER'S MAIDEN NAME <u>Unknown</u>		13. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
11		12		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. SOCIAL SECURITY NO. <u>                    </u>	
12		13		15. INFORMANT Address <u>Helen Beck 1532 Ballard Dr.</u>		16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion with acute myocardial infarction due to arteriosclerotic heart disease</u> DUE TO (b) <u>                    </u> DUE TO (c) <u>                    </u>	
13		14		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus + arteriosclerosis obliterans</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
14		15		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
15		16		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
16		17		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	
17		18		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
18		19		21. I attended the deceased from <u>10/6/53</u> to <u>10/29/63</u> and last saw her alive on <u>3/17/63</u>		22a. SIGNATURE (Degree or title) <u>Ellis S. Lipsitz, M.D.</u>	
19		20		22b. ADDRESS <u>457 N. Kingshighway, St. Louis Mo.</u>		22c. DATE SIGNED <u>10/29/63</u>	
20		21		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/2/63</u>	
21		22		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis Mo.</u>	
22		23		24. FUNERAL DIRECTOR ADDRESS <u>JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.</u>		25. DATE RECD. BY LOCAL REG. <u>10-30-63</u>	
23		24		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

012020-0012

Mr. Leggett  
457 W. Humphreys  
St. Louis, Mo.  
90 76538

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Roster

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.